

NONPROVISIONAL PATENT APPLICATION**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Attorney Docket No.: 108483

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BOX PATENT APPLICATION

Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)**

Director of the U.S. Patent and Trademark Office
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): SCANNING EXPOSURE METHOD AND SYSTEMBy (Inventors): Seiji FUJITSUKA, Masaichi MURAKAMI, Masaki KATO, Katsuya MACHINO, Manabu TOGUCHI

- ☒ Formal drawings (Figs. 1-35; 28 sheets) are attached.
☐ A Declaration and Power of Attorney is filed herewith.
☐ An assignment of the invention to _____ is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____.--
☒ Priority of foreign applications No. JP 2000-025661 filed February 2, 2000 in Japan, No. JP 2000-026630 filed February 3, 2000 in Japan are claimed (35 U.S.C. §119).
☒ A certified copy of the above corresponding foreign applications is filed herewith.
☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	16 - 20	= 0*
INDEP CLAIMS	5 - 3	= 2*
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY

RATE	FEE	OR
	\$ 355	OR
x 9 =	\$	OR
x 40 =	\$	OR
+ 135 =	\$	OR
TOTAL	\$	OR

**OTHER THAN A
SMALL ENTITY**

RATE	FEE	OR
	\$ 710	OR
x 18	\$ -----	OR
x 80	\$ 160	OR
+ 270	\$ -----	OR
TOTAL	\$ 870	OR

- ☒ Check No. 115914 in the amount of \$870.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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JAO:JSA/cmm